

# RANCHO PALOS VERDES

## **Business License Application**

Home-Occupied Businesses Expires December 31, 2019

#### COMPLETE ALL APPLICABLE INFORMATION. TAX SCHEDULE IS ON THE BACK OF THIS FORM.

Business Name					
Business Address					
<del>-</del>					
7	City			Zip	_
Mailing Address					
_					
7	City			Zip	
Business Phone	( )	Fax <u>(</u>	)	SS # or Tax ID# _	
Ownership of Busin	ness /	Please Check One)	Sole Proprietor	Corporation	Partnership
Ownership or Bush	11033 (	r lease offect offer.	Other (specify)	Corporation	i artifership
Business Owner No					
Business Owner Na	ame	Last		First	
Home Address					
					_
		City		Zip	_
Description of Busi	iness				
Regulated Busines		Please check one of the			are an independent
Negulated Busines	363	contractor for any of the		-	are arrandoportaeric
	Medica	al Marijuana Dispensary	Escort Service	Peddling Service	Massage Service
		URY THAT ALL INFORMA			
THE AF	OREN	MENTIONED BUSINESS IS	OBEYING ALL FE	EDERAL, STATE AND LO	OCAL LAWS.
Signature		Print Name		Title	Date
<u> </u>	ess lic	ense applications are du	e prior to commer		
		the Rancho Palos Verde			
		ax Ordinance. Penallies xtensions or waivers of the			delinquent up to 50% of
Finance Department U	lse Only	′			
Tax		Penalty	Total Tax		Check #
	afety, &	Code Enforcement Use Only			200.
Zone		Mora	torium	Ар	proved
Type_		P	lanner		Date
Comments					

## Please use this Tax Schedule for: Businesses Located Within the City

- A Wholesale Sales and Auto Sales
- B Retail Sales, General Services & Other
- C Professions & Specified Services
- **D** Commercial Rentals

Report Gross Receipts	
Gross Receipts Generated in the City of Rancho Palos Verdes	\$
(Gross receipts must be provided for the City to process the business license)	

Tax Calculation	
Minimum Tax (includes first \$50,000 of gross receipts)	\$ 76.00
Add: \$1 for each \$1,000 of gross receipts over \$50,000	\$ 
Total Annual Tax	\$

### Add Penalty (if applicable)

Total to Remit	
Total Annual Tax (from above)	\$
Add: Home Occupancy Fee of \$17 (if applicable)	\$ 
Add: State fee for Certified Disability Access Specialist Program	\$ 4.00
Add: Late Penalty (5% per month, 50% maximum)	\$ 
Total to Remit	\$ 